



Tennessee Department of Human Services

Withdrawal of Child Support Complaint or Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

**I HAVE CHANGED MY MIND AND I WANT TO
WITHDRAW MY APPEAL. I DO NOT WANT A
HEARING.**

If you **do not** want to proceed with your appeal, you must fill out, sign, and return this form so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing. You may return this form by mail; email or fax:

Department of Human Services
Division of Appeals and Hearings
13th Floor, Citizens Plaza Building
ATTN: Clerk's Office
P.O. Box 198996
Nashville, Tennessee 37219-8996
Fax: (615) 248-7013
Email to: AppealsClerksOffice.DHS@tn.gov.

NAME: _____

SCHEDULED HEARING DATE: _____

DOCKET NUMBER (From Notice of Hearing): _____

DAYTIME TELEPHONE NUMBER: _____

TCSSES NUMBER IF CHILD SUPPORT CASE _____

SIGNATURE: _____ DATE: _____

**THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING.
YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY
DHS.**